

The Dimensions of an Epidemic of Violence

(Based on a keynote address to the Second Annual Utah Conference on Violence, held at Weber State University, Ogden, UT, September 10, 1992.)

Violence is not only as American as apple pie, it is often as homemade.

For example, the majority of people who are murdered are not killed by a stranger during a hold-up or similar crime but are killed by someone they know, 16 percent of the time by a family member.

Gang fights and drive-by shootings get more attention, but homegrown suicides, child abuse, elder abuse, and spouse abuse are at least as important and have long-range emotional and disabling repercussions. Richard Gelles, the director of the Family Violence Research Program at the University of Rhode Island, says that just considering the medical costs and productivity losses resulting from family violence, "It's not out of bounds to talk about \$5-10 billion a year."

One-fifth to one-third of all women are physically abused during their lifetime. Ten percent of the time the injury is serious enough to require hospitalization or emergency room treatment.

Studies on domestic violence also find

- 25-50 percent of homeless families headed by women left home to escape domestic violence.
- Half of the murdered women in the United States are killed by a current or former partner. Women who are divorced, separated, or otherwise estranged from their partners are at the highest risk of assault.
- A Texas survey found that 34 percent of domestic violence calls to police were repeat calls. A similar study in Kansas found that 85 percent of calls to police were repeat offenses. Fifty percent of the time it was the fifth or more offense.
- Pregnancy is a particularly dangerous time for women. Approximately 37 percent are physically abused by their partner. Blows and kicks are often directed toward the abdomen. Younger pregnant women are at higher risk than older pregnant women.

In the home, women are about as violent as men—they hit, bite, and kick just as often as men—but they don't do as much damage. Men inflict more harm because of their generally greater size and strength.

In addition, violence by women is often in retaliation or self-defense. Women commit only 8 percent of all homicides in this country, but 51 percent of them are against partners with a history of wife abuse.

In one recent year, nearly 1 million children experienced demonstrable harm as a result of abuse or neglect. Some 1,100 died from abuse or neglect.

Another 40,000 children were sexually abused with rape by a caregiver. And a higher number were sexually molested without rape. According to a survey, 1.9 out of every 1,000 children were sexually molested by a parent or guardian.

We know less about the incidence of elder abuse than about child and spouse abuse. The term was not even coined until the early 1980s. One study of 2,000 elderly persons in Boston showed that between 2.5 and 3.9 percent of the elderly who were interviewed were abused or neglected, physically or emotionally. When we project the Boston experience nationwide, between 700,000 and 1 million-plus elderly are abused or neglected.

Victims of elder abuse tend to be the "old-old, the frail elderly." Nearly all live with the assailant who is likely to be financially dependent on the victim. Some research has provided evidence that abusers of the elderly are more likely to be developmentally disabled, mentally ill, or alcoholic.

Children who are abused or witness domestic violence generally are stunted in social and emotional development. They experience phobias, nightmares, and eating disorders. They can be withdrawn or overly aggressive. They have lower self-esteem and lower performance on standardized IQ tests.

In one study of men who had been abused as children, half had subsequently been convicted of a

serious crime, become alcoholic, mentally ill, or died unusually young.

Like abused children, battered women and elders suffer many complex psychological problems. Victims undergo psychological changes—a sort of “learned helplessness” and acceptance. They become confused, increasingly dependent, and powerless.

Battered women experience a higher rate of alcoholism—as many as half of all female alcoholics are battered women—and once a woman is battered, the risk of drug abuse is nine times higher. Between 35 and 40 percent of battered women attempt suicide.

Questions Without Answers

Why are Americans so violent? We resent asking or hearing the question, but why are we more violent than other peoples, with a white male homicide rate, in a recent international study, well over twice that of Scotland, our nearest competitor?

Why are the South and West more violent than the Midwest and Northeast? What motivates a mother to beat a child—a husband to batter his wife—a child to abuse his aged parent? Why is domestic violence no respecter of age, economic status, or ethnic group?

Until recently, society would have had no answers. But today public health methods of study and data collection are being applied to the problems of violence similar to those we apply to other epidemics. And we are developing an extensive body of knowledge—both on the causes of violent behavior and the risk factors for victimization.

Some believe the propensity toward violence is a personality disorder, innate in the individual—that some people, no matter what their social or economic status, are predisposed to violent behavior. In a study of abusive parents, however, only 1 in 10 was found to have a definable psychiatric condition.

Others see a relationship or trigger effect between domestic violence and alcohol and drug abuse—both for the perpetrator and the victim. Certainly drugs and alcohol are key factors in abuse of the unborn.

It may be that abusive parents have unrealistic expectations of their children. It may also be that some children are just more “difficult” than others—chronically ill or disabled, demanding, or continuously crying.

There is no doubt that violence is being taught. According to the National Psychological Association, the average child sees 8,000 TV murders before entering seventh grade. But violence also is “taught” in the family. Studies have found that more than half the men who abuse their wives also abuse their children, that women who are battered by their partners are more likely to victimize their children, and that adults who experienced violent and abusive childhoods are more likely to grow up to become spouse and child abusers.

Of women who abuse their children, 40 percent were abused when they were children. And men from violent childhoods are 10 times as likely to abuse their wives.

Prevention and Intervention

Prevention efforts and interventions, to be successful, must focus resources and attention on strengthening individuals, homes, and families.

The Domestic Abuse Intervention Project in Duluth, MN, a cooperative project of the legal system and social services, provides help to both the abuser and the abused. It helps women and their children find shelter and treatment services, negotiate the court process, and avoid possible injury or death when they terminate abusive relationships. When an abusive man is released from jail, he is offered counseling and education.

Some public schools are attempting to stop the cycle of violence by teaching students conflict resolution and non-violent, responsible ways to respond to anger and frustration.

The New York City Board of Education has formed a partnership with a group called Educators for Social Responsibility to incorporate conflict resolution into the curriculum of 14 school districts and 70 schools. School employees are trained in a 20-hour course how to teach conflict resolution through nonviolent alternatives. In 1990, more than 800 teachers and administrators and 25,000 students participated.

In a similar Hawaii Mediation Program, a 2-day training course, students are taught to mediate conflicts. In one school, 135 disputes were mediated by these trained students. One hundred and four agreements were reached. In a Maui school, during the first 2 years of the program, the number of fights dropped from 83 to 19.

Wings of Eagles in Detroit Lakes, MN, targets American Indian children. It is a 10-week culturally sensitive violence prevention curriculum that is being taught at the junior and senior levels in health classes.

Because health care providers often are the first people outside of family members to attend abused people, guidelines for identifying and working with abused women and children are valuable for workers in emergency rooms, clinics and physicians' offices.

A study in Los Angeles found that when such standardized protocols were used, the number of female trauma patients identified as being battered rose from 5.6 percent to 30 percent.

A big step forward occurred in January 1992, when the Joint Commission on Accreditation of Healthcare Organizations began requiring all accredited hospitals to implement policies and procedures—including educational programs for staff members in their emergency rooms and ambulatory care facilities—for identifying, treating, and referring victims of abuse.

The American Medical Association recently published a series of professional guidelines for diagnosing and treating domestic violence, child abuse, and child sexual abuse. The Nursing Network for Violence Against Women has developed a similar protocol for nurses.

And the March of Dimes has produced a videotape and accompanying guide for health care workers who work with pregnant women at risk of violence.

Police departments are developing similar guides. Many States have mandatory arrest policies for abusers. Studies have shown that recidivism rates for domestic violence are lower when the offender is arrested—as opposed to counseled or barred from the home for a short time.

The Family Violence Project in San Francisco

has used protocols since 1982. During that time, their documentation of abuse has increased dramatically. They have had more arrests and more successful prosecutions.

The criminal justice system remains very important. Weak response and lax enforcement can undo all the good that is done by other interventions.

Conflict Resolution

We must get conflict resolution curricula in all schools, kindergarten through 12th grade. We must work with new mothers. We must make violence as unacceptable as polio and smallpox. We have developed child-proof caps for medicines; now we must develop owner-only trigger-locks or use locked gun cases or other preventive measures to make it less likely that our children and teens will kill themselves, or others.

It is a cliché to say that if we could land a man on the moon, then we can do this or that. In truth, many nations that could not begin to land a man on the moon have much, much lower levels of violence.

To my mind, violence—whether on the streets or in our homes—is in great measure a reflection of low self-esteem, frustration, and the hopelessness often associated with poverty. People need to know that they are valued—and that others have value too. They need a fair shake at learning job skills—and a fair shake at the jobs as well.

But the techniques used in public health investigation and evaluation can help us discover what actions work best in turning a potentially violent act into a positive, life-affirming action. And the public health emphasis on prevention can help us reduce the death, pain, and suffering associated with intentional injury.

As a young physician, I did my share of patching up the wounded. I soon decided there was a better way—prevention. I am more convinced today than ever that we can reduce the mayhem and become, at last, the peaceable America we want to be.

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